


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90179 048 ****50.00

DOCUMENT # L05000036248	
1. Entity Name SOUTHERN INVESTMENT ENTERPRISES, LLC	

Principal Place of Business 281 MERRICK ROAD FARMINGDALE, NJ 07727	Mailing Address 281 MERRICK ROAD FARMINGDALE, NJ 07727
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20009577



2. Principal Place of Business 10625 SW Stratton Dr. Suite, Apt. #, etc.	3. Mailing Address 906 SW St. Lucie W. Blvd. Suite, Apt. #, etc. # 351
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01252006 Chg-LLC CR2E083 (11/05)

City & State Port St. Lucie FL	City & State Port St. Lucie FL
Zip 34986	Zip 34986
Country St. Lucie	Country St. Lucie

4. FEI Number 33-1119679	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SELZ, STEVEN M ESQ. 214 BRAZILIAN AVENUE SUITE 220 PALM BEACH, FL 33480	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIS, MEL 281 MERRICK ROAD FARMINGDALE, NJ 07727 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Willis, Mel 10625 SW Stratton Dr. Port St. Lucie FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mel Willis mel willis 2-16-06 954-551-0742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #